



Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

#10  
9-6-03  
RP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/807,236
Filing Date	AUGUST 27, 2001
First Named Inventor	LYNN MARIE ABEL
Group Art Unit	1646
Examiner Name	UNKNOWN
Attorney Docket Number	BB1255USPCT

I hereby revoke all previous powers of attorney or authorizations of agent given in the above identified application:

**RECEIVED**

AUG 04 2003

A Power of Attorney or Authorization of Agent is submitted herewith.

**OR**

Please change the correspondence address for the above-identified application to:

TECH CENTER 1600/2900

Customer Number

\*23906\*

PATENT TRADEMARK OFFICE

**OR**

Firm or Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Barbara J. Massie
Signature	<i>Barbara J. Massie</i>
Date	7-28-2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

O I P E  
AUG 0 1 2003  
U.S. PATENT & TRADEMARK OFFICE  
JC177

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/807,236
Filing Date	AUGUST 27, 2001
First Named Inventor	LYNN MARIE ABEL
Title	PLANT HISTIDINE BIOSYNTHETIC ENZYMES
Group Art Unit	1646
Examiner Name	UNKNOWN
Attorney Docket Number	BB1255USPCT

I hereby appoint:

Practitioners at Customer Number

23906

\*23906\*

PATENT TRADEMARK OFFICE

OR

Practitioner(s) named below:

Name	Registration Number
J. KENNETH JOUNG	41,881
LORI Y. BEARDELL	34,293
LYNNE M. CHRISTENBURY	30,971

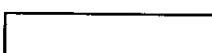
RECEIVED  
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the  
United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number



Place Bar Code Label Here

OR

Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	BARBARA J. MASSIE
Signature	<i>Barbara J. Massie</i>
Date	7-28-2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

AUG 0 4 2003  
TECH CENTER 1600/2900



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/96 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

RECEIVED

**STATEMENT UNDER 37 CFR 3.73(b)**

AUG 04 2003

Applicant/Patent Owner: E.I. du Pont de Nemours and Company

Application No./Patent No.: 09/807,236 Filed/Issue Date: AUGUST 27, 2001

Entitled: PLANT HISTIDINE BIOSYNTHETIC ENZYMES

E.I. du Pont de Nemours and Company, a CORPORATION

(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  The assignee of the entire right, title, and interest; or
2.  An assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

In the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011815, Frame 0060, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, Or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, Or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, Or for which a copy thereof is attached.

- Additional documents in the chain of title are listed on a supplemental sheet.  
 Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (*i.e.*, the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

7-28-2003

BARBARA J. MASSIE

Date

Typed or printed name

Barbara J. Massie

Signature

ASSISTANT SECRETARY - PATENT BOARD

Title



1646  
PTO/SB/92 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

on July 30, 2003.  
Date

AUG 04 2003

TECH CENTER 1600/2900

Signature

SUSAN DURKEE

Type or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

APPLICATION NO: 09/807,236

DUPONT DOCKET NO: BB1255USPCT

REVOCATION AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

STATEMENT UNDER 37 CFR 3.73(b)

CERTIFICATE OF MAILING

RETURN POSTCARD